FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Registration of Employer

(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECA 2010)

PART 1: TYPE OF BUSINESS

(Mark 'X' as Appropriate)

Public/Private Limited Company [ ] Informal Sector Employer [ ] Partnership [ ] Sole Proprietorship [ ]

Others (please specify) [ ].....

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: TRIPOD PROFESSIONAL SERVICES LIMITED

2.2 Incorporation Number: 7469006 2.3 Address: NO29 KUSAKA CRESCENT

Local Govt.: ABUJA State: FCT

2.4 Postal Address:

2.5 Tel. No. 1: 08035174927 Tel. No. 2:

2.7 Email: tripodprofmail.com

2.8 Does Employer have other branches and subsidiaries? Yes [ ] No [ ]. If "Yes", fill attached form (ECS.RE01b)

2.9 Year of Establishment/Incorporation: May 2024

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: Gabriel Middle Name: Triple

First Name: Johnson Position: Managing Director

Tel. Number: 08035174927 Mode of Identification: National ID. [ ]

Driver's License [ ] International Passport [ ] Specify ID. Number:

PART 4: BUSINESS SECTOR CATEGORIES:

Construction [ ] Mining [ ] Banking & Finance [ ] Manufacturing [ ] Aviation [ ]

MDAs [ ] Oil & Gas [ ] Agriculture [ ] Energy [ ] Telecom [ ] Others (please specify):....

General Service

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

I certify that the above particulars are correct

Signature or Thumbprint:..... Position: Managing D. Date: 5/8/24

Surname: Gabriel First name: Triple Official Stamp (if any):.....

ECS.RE03

FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments

(Any wrong information/declaration is an offence and is punishable under Sections 39, 40 and 65 of the ECA 2010).

TRIPOD PROFESSIONAL SERVICES LIMITED

	Employee Information						Total Monthly Emoluments		Remarks
S/N	Surname	Other names	Date of Birth	Old Staff? (Tick)	New Staff? (Tick)	Gender	N	K	
1	Gabriel	Triple					30,000		
2	Gabriel	Johnson					30,000		
3	Mary	Johnson					30,000		
	May — December 2024								
	8 Months x 900								
	= 7,200								
						Sub/Grand Total:	90,000		

This form should be duly completed and retained by the employer to reflect the actual emoluments of the employees over the period of the report.

Authorized Official:..... Position:..... Signature/Date:.....

FEDERAL REPUBLIC OF NIGERIA

PASSPORT
PASSEPORT

Type / *Type*
P

Country Code / *Code du pays*
NGA

Passport No. / *Passeport N°*
A10670234

Surname / *Nom*
OSHOGWE

Given Names / *Prénoms*
KENNETH

Nationality / *Nationalité*
NIGERIAN

Date of Birth / *Date de naissance*
13 OCT / OCT 65

Sex / *Sexe* Place of Birth / *Lieu de naissance*
M BENIN-CITY

Date of Issue / *Date de délivrance*
19 JUN / JUN 19

Date of Expiry / *Date d'expiration*
18 JUN / JUN 24

Previous Passport / *Précédente Passeport*
A05701833

Personal No. / *N° personnel*

Authority / *Autorité*
IKOYI LAGOS

Holder's Signature / *Signature du Titulaire*

P<NGAOSHOGWE<<KENNETH<<<<<<<<<<<<<<<<<<<<<<<<

A10670234<NGA6510134M2406189<<<<<<<<<<<<<<04